

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033519

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No. 2000 Registrar's No. 306

FILED OCT 8 1962

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kirksville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Grim-Smith

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

MACON

Inside Limits

Yes ☐ No ☒c. CITY
OR TOWN

Atlanta

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Clarence W. Cosby

4. DATE
OF DEATH

Month

Day

Year

9-30-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/18/1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

MACON COUNTY

11. BIRTHPLACE (City and state or country)

U.S.A.

13a. FATHER'S NAME

Willie Cosby

13b. MOTHER'S MAIDEN NAME

Lucy McDaniel

14. NAME OF HUSBAND OR WIFE

Ruby Cosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Clifford Cosby - Molton Iowa

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolus

INTERVAL BETWEEN
ONSET AND DEATH

one hour

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Multiple rib fractures +

3 days

DUE TO (c)

Fractures upper thoracic vertebrae

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Shock, multiple contusions + abrasions

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Driving tractor which was struck by a car.

20c. TIME OF
INJURY

Hour

Month, Day, Year.

11:00 a.m. Sept 28, 1962

20d. INJURY OCCURRED
WHILE AT WORK ☒
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

ON Highway

20f. CITY, TOWN, OR LOCATION

Elmer

COUNTY

MACON

STATE

MO.

21. I attended the deceased from Sept 28, 1962 to Sept 30, 1962 and last saw her/him alive on Sept 30, 1962

Death occurred at

3:00

A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward M. M. O.

22b. ADDRESS

Kirksville Mo.

22c. DATE SIGNED

October 3, 1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

10-2-1962

23c. NAME OF CEMETERY OR CREMATORY

Elmer

23d. LOCATION (City, town, or county)

Elmer

MO.

24. FUNERAL DIRECTOR

ADDRESS

Theo H. Goodding - Atlanta, MO Oct. 4, 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Dennis W. Ruff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Permit issued Sept. 30, 1962

EDWARD M. GRIM, M.D.

OCT 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thos. H. Gooding

Licensed Embalmer No. 3982

P. O. Address Atlanta, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.